

PRECEPTOR POLICY BOOK

October 2022 [4th edition]

This Preceptor Policy Book provides policies and procedures related to midwifery clinical placements in the Midwifery Education Program (MEP). Some of the policies and procedures are relevant to the MEP consortium and others are specific to the TMU MEP, as indicated in each section listed below.

The TMU MEP Policy & Information Handbook is available as an open access resource if you would like to read more about program policies. See:
<https://www.TMU.ca/midwifery/Clinical-Teaching-Learning/>

The MEP consortium Policy & Information Handbook is not available as an open access resource. You can ask your student to share this handbook with you or request a copy from the MEP using the contact information below.

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1. MEP CURRICULUM

| Source: <http://www.TMU.ca/midwifery/program/>

Full-Time Program

■ Shaded boxes indicate clinical placements. Full time participation is required during clinical placements.

PR = Professionally Related SS = Social Studies WS = Women’s Studies

	Year 1	Year 2	Year 3	Year 4
Fall	Introduction to Midwifery MWF 150 Anatomy & Physiology BLG 10A Social Justice in Midwifery MWF 11A Critical Appraisal of Research Literature MWF 109 Elective – PR Elective – WS	Midwifery: Clinical Skills MWF 250 Reproductive Physiology MWF 201 Pharmacotherapy MWF 114 Elective – SS Elective – SS (Birth and Its Meanings MWF 325 – meets either a WS or SS elective requirement)	Advanced Clinical Skills I MWF 344 Interprofessional Maternity Care MWF 305 Interprofessional Placements I MWF 220	Maternal & Newborn Pathology MWF 420
Winter	Anatomy & Physiology BLG 10B Social Justice in Midwifery MWF 11B Life Sciences MWF 113 Aboriginal Childbearing MWF 108 Elective - WS (Birth and Its Meanings MWF 325 – meets either a WS or SS elective requirement)	Normal Childbearing MWF 120	Midwifery Issues MWF 315 Interprofessional Placements II MWF 350	Midwifery Care Clerkship MWF 410
Spring/ Summer			Advanced Clinical Skills II MWF 345 Complications & Consultation MWF 320	

Part-Time Program

	Year 1	Year 2	Year 3	Year 4	Year 5
Fall	Anatomy & Physiology BLG 10A Social Justice in Midwifery MWF 11A Elective – PR	Introduction to Midwifery MWF 150 Critical Appraisal of Research Literature MWF 109 Elective – WS	Midwifery: Clinical Skills MWF 250 Reproductive Physiology MWF 201 Pharmacotherapy MWF 114 Elective – SS	Advanced Clinical Skills I MWF 344 Interprofessional Maternity Care MWF 305 Interprofessional Placements I MWF 220	Maternal & Newborn Pathology MWF 420
Winter	Anatomy & Physiology BLG 10B Social Justice in Midwifery MWF 11B Aboriginal Childbearing MWF 108	Life Sciences MWF 113 Elective - WS Elective - SS (Birth and Its Meanings MWF 325 meets either WS or SS elective requirement)	Normal Childbearing MWF 120	Midwifery Issues MWF 315 Interprofessional Placements II MWF 350	Midwifery Care Clerkship MWF 410
Spring/ Summer				Advanced Clinical Skills II MWF 345 Complications & Consultation MWF 320	

Post-Baccalaureate Program for Health Professionals

	Year 1	Year 2
Fall	Semester 1 Introduction to Midwifery MWF 150 Midwifery: Clinical Skills MWF 250 Reproductive Physiology MWF 201 The following two courses as needed* Pharmacotherapy MWF 114 Social Justice in Midwifery MWF 155	Semester 4 Interprofessional Maternity Care (online) MWF 305 Maternal & Newborn Pathology A (tutorials only) MWF 042A
		Advanced Clinical Skills I MWF 344 Interprofessional Placements I MWF 220
Winter	Semester 2 Normal Childbearing MWF 120	Semester 5 Midwifery Issues (online) MWF 315 Midwifery Care Clerkship A (tutorials only) MWF 041A
		Maternal & Newborn Pathology B (clinical placement only) MWF 042B
Spring/Summer	Semester 3 Advanced Clinical Skills II MWF 345 Complications & Consultation MWF 320	Semester 6 Midwifery Care Clerkship B (clinical placement only) MWF 0410B

* For students who do not receive transfer credit

2. ROLES & RESPONSIBILITIES

The University

|Adapted from: Preceptor Handbook, Ontario Midwifery Education Program. Last update 26 October 2015.

The University has an obligation to provide quality educational settings and the resources for effective teaching.

The University will:

1. Assess the qualifications of clinical teacher applicants and their ability to provide the necessary volume and locations of practice for students to attain course objectives.
2. Provide initial preceptor education and ongoing professional development about clinical teaching.
3. Set forth the mutual obligations of the university and preceptors in a written contract.
4. Provide stipends for each month of student placement that will be made available as compensation over and above midwifery income.
5. Establish a category of faculty appointment, clinical adjunct faculty, which will be offered to midwives taking on the clinical preceptor role.
6. Provide objectives for the student clinical experiences and the criteria for student evaluation.
7. Develop and maintain ongoing liaison with clinical preceptors and teaching practices.
8. Make the necessary resource persons and materials available for preceptors to carry out their preceptor responsibilities.
9. Develop an ongoing assessment and feedback process for clinical preceptors and teaching practices.
10. Arrange a suitable method of resolving student-preceptor conflict that involves all the interested parties.

The Tutor

|Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

The tutor's is responsible for academic teaching and supervising the clinical placement. The tutor supports both the student and the preceptor in the clinical learning process.

The tutor will:

1. Send a letter of introduction to preceptors at the beginning of clinical placement using the template provided by the Course Coordinator.
2. Review student progress toward meeting the clinical course competencies and CMO birth number requirements.
3. Book and conduct midterm and final evaluation meetings with students and preceptors.
4. Arrange additional meetings with students and preceptors regarding student progress and learning needs as necessary.
5. Assist in problem solving with students and preceptors. Any significant problems with placements identified by the tutor should be reported to the Course Coordinator who will notify the Program Director at the student's home university.
6. Act as a resource to students in the case of an adverse outcome by supporting students to access appropriate resources within the practice, hospital and university, and encouraging the preceptor and practice to involve the student in follow up care of clients and review of the case as much as possible.
7. Encourage students to complete Course, Tutor and Online Preceptor evaluation forms.
8. Assign and report student grades to the University.
9. Where a Satisfactory grade is not assigned, the tutor will:
 - a. immediately notify the Course Coordinator of a Provisional Satisfactory or Unsatisfactory grade on a clinical evaluation.
 - b. provide a written report to the Course Coordinator for proposed extensions of clinical placements, remedial placements, or Unsatisfactory grades. This report will be considered by the MEP Academic Review Committee.
 - c. draft a learning contract developed in consultation with the student and preceptor for the Provisional Satisfactory remedial placement.
10. May be required to provide faculty supervision and evaluation for students with placements outside of sessional dates or who require a remedial or extension period to their clinical placements.
11. Sign and submit student and preceptor Final Clinical Evaluation forms to student's home university within 15 business days of the final exam for filing in the student's permanent file.

The Preceptor

|Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

The preceptor's primary responsibility to the MEP is to provide educational opportunities for students assigned to the practice.

The preceptor will:

1. Provide student placements in accord with program policies and course requirements.
2. Understand and support the course objectives that guide the student's learning while in the practice.
3. Act as a role model consistent with professional standards and ethics.
4. Model good interprofessional relationships.
5. Explain the role of students to clients and the rationale for student participation in midwifery care.
6. Delegate another midwife in the practice to act as preceptor when the preceptor is off call.
7. Provide opportunities for students to learn the skills of midwifery care.
8. Provide direct instruction to students about how to do certain procedures.
9. Provide opportunities for regular discussions about client care that develops students' abilities to apply theory to practice and make clinical decisions.
10. Providing ongoing feedback and direction.
11. Evaluate the students' knowledge, skills and abilities in relation to course objectives.
12. Collaborate with university faculty to ensure monitoring of student progress.
13. Identify when the student is having difficulties and discuss this with the student and the student's tutor.
14. Provide written evaluation at midterm and at end of term and at any time that a student withdraws from a clinical course.
15. Verify a student's participation in births by signing course reports from the online birth log.
16. In the case of an adverse event, support the student to find appropriate resources (within the practice group, hospital, community, university), and involve the student in follow up case review and care of clients as appropriate.
17. Receive ongoing evaluation of teaching and supervision skills from students and midwifery colleagues.
18. Participate in new preceptor and continuing education programs developed for clinical preceptors.

The Student

|Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

Students in midwifery clinical courses will:

1. Abide by the Code of Conduct of their home university, the MEP Student Guide to Professionalism, and the professional standards, philosophy and code of ethics of midwifery in Ontario.
2. Arrange a meeting with their preceptor during the first week of a clinical placement. This is an opportunity for the student to communicate with the preceptor regarding their learning plan, review planned birth numbers, sessional and exam dates, tutorial assignments and expectations for the term. The student will provide copies of the evaluation form for the current clinical course. Students entering Normal Childbearing will develop a learning plan early in the term. Students entering the senior year are expected to provide a learning plan to their preceptor.
3. Exhibit qualities of a self-directed learner such as seeking assistance when faced with new or unfamiliar situations, seeking new learning opportunities, providing own transportation, being punctual and participating in the evaluation process by:
 - a. carrying out self-evaluation.
 - b. receiving feedback and evaluation from the preceptor in a professional manner.
 - c. integrating feedback into continued learning.
 - d. organizing evaluation sessions with their preceptor and tutor.
 - e. returning evaluation forms to the MEP at the end of the placement.
4. Perform non-client related work if it is work that practice members normally do and if it contributes to the student's understanding of the functioning of the practice and the nature of midwifery care, e.g. checking supplies, infection control procedures.

The Midwifery Practice Group

|Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

The practice group will:

1. Provide a student placement in accord with program policies and course outlines.
2. Provide an orientation during the first week of placement that includes an introduction to group members and information about group practices and protocols. The orientation must include safety concerns and an introduction to the placement and to the practice sites (midwifery practice, hospital, birth centre) and their procedures and health and safety considerations.
3. Plan clinic days so that students have reasonable breaks, including meals. If appointments for students are widely spaced, there should be access to study materials and a space for quiet study.
4. Plan, in conjunction with the student(s), the timetable of clinic and home visits taking account of times when students will attend tutorials, exams and having scheduled time off. An important part of care planning is anticipating absences and scheduling extra visits as needed and providing clear information to clients about the student's availability.
5. Provide as complete a range of clinical opportunities as possible to students. This includes skills such as venipuncture, IV insertion, physical assessment, including bimanual and speculum exam, electronic fetal monitoring, midwifery care during induction, augmentation and epidural, emergency skills and suturing. Students have opportunities to learn these skills in their hospital and OB placements, which they need to continue to develop and apply them in a midwifery context. Wherever possible, the practice is expected to use simulated situations and workshop formats to address student learning needs.

The Teaching Practice Coordinator

| Source: Role of the Teaching Practice Coordinator, Midwifery Education Program, TMU University. Last update 5 November 2019.

The Teaching Practice Coordinator (TPC) is the midwife in the practice group who plans and coordinates student placements.

The Teaching Practice Coordinator will be responsible for:

1. Qualifications
 - a. Maintains preceptor status in the MEP.
 - b. Is an active member of the practice group if on leave of absence from clinical practice.
 - c. TPC role may be shared between two midwives, one of whom must meet the qualifications above.
 - d. The TPC responsible for placement quality responsibilities must have preceptor status.
2. Contact with TMU MEP
 - a. Receives and responds to communications from the MEP and IMPP.
 - b. Responds to placement recruitment surveys.
 - c. Informs MEP placement staff of substitute TPC when on leave or holiday.
 - d. Responsible to ensure conflicts list is circulated to practice members and conflicts by preceptor or by practice are communicated to the MEP
 - e. Attends Teaching Practice Coordinator meetings or arranges for designate to attend.
3. Placement planning
 - a. Plans placements in accord with MEP policies.
 - b. Maximizes the opportunity to offer placements at all levels of the MEP.
 - c. Arranges for preceptor holiday coverage for student placements.
 - d. Informs placement staff of:
 - i. number of placements available, course name, preceptor names and email addresses.
 - ii. changes to placement numbers or preceptor assignments.
 - iii. alternate preceptor if a preceptor is off call for more than two weeks.
 - iv. change of status of preceptor, e.g. registration or hospital conditions, leave of absence.
 - v. change in practice hospital/birth centre privileges.
3. Placement quality
 - a. Works with the practice and MEP to offer high quality clinical placements.
 - b. Aware of and acts as a resource for MEP clinical placement policies in practice.
 - c. Informs and consults with midwives and preceptors in the practice as needed.
 - d. Receives changes and additions to MEP policies.

- e. Receives information about preceptor workshops and preceptor resources.
- f. Informs midwives and preceptors about policies, workshops and resources.
- g. Ensures all preceptors have completed the new preceptor education program prior to being assigned a student or conducting student evaluations.
- h. Encourages preceptor attendance at continuing education for preceptors.
- i. Establishes procedures within the practice for first level problem solving.
- j. Encourages prompt contact with tutors if any concerns about student progress.
- k. Contacts MEP if assistance is needed to ensure quality clinical education.

3. PLACEMENT ORIENTATION

| Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

When entering a new placement, the preceptor or their designate will orient students to the practice group, hospital, birth centre (where applicable) and to the placement using this checklist as a guide.

Midwifery Practice

Physical lay out:

- Exam rooms, waiting rooms, staff areas, student areas, kitchen etc.
- General rules for areas where students can work or study, eat and take breaks
- Storage and organization of supplies (clinical and non-clinical, including medications)
- Phone, fax, computer, photocopier etc.
- Location of fire exits and fire extinguishers
- Location of first aid supplies and equipment

Access to the practice and personal safety:

- Guidelines for student access to the clinic
- Information to access the clinic building, keys, security system, parking etc.
- Safety considerations

Administrative aspects of the practice:

- Roles and work hours of the administrative staff
- How appointments are booked, cancelled and rescheduled
- Organization of clinic schedule
- Procedures for reporting accidents and injuries
- Protocol for dealing with workplace hazards (WHMIS)

Practice profile:

- Catchment area and client demographics
- Privileging hospital(s)/birth centre

Model of care:

- How midwives share care and on call arrangements (and second attendants if applicable)
- Off call/on call schedules for midwives
- Communication systems, e.g. pagers, answering service, cell phones, apps

Meeting schedule:

- Practice group meeting time/location and expectations re: student attendance
- Peer review, rounds, other professional meetings and expectations re: student attendance

Contact information:

- Phone, fax, address, email and website contacts for practice group
- Contact information and instructions for how/when to contact midwives and student midwives
- Contact information for hospital services and staff, and birth centre if applicable
- Contact information for relevant health/community services, including prenatal education

Charting system:

- Organization of charting systems and storage
- Components of client chart
- Expectations of practice group for student charting in client records
- Student training for EMR if applicable

Clinical equipment:

- Review of equipment/supplies in clinic offices, restocking process, student access
- Instructions for ordering lab specimens
- Infection prevention including instructions sterilization processing
- Plan for orientation to preceptor's birth/prenatal bags

Written documents of the practice group:

- Protocols for practice, hospital and birth centre if applicable
- Client handouts

Emergency services:

- How EMS is accessed (911 or other) and EMS registration if applicable
- Protocol for fire or other emergencies

Hospital/Birth Centre

General:

- Parking locations and fees
- Entrances, access after business hours
- Cafeteria, hours, other sources of food
- Significant phone numbers
- Lab, admitting, ER, radiology and other relevant hospital services

Birth unit:

- Staff structure
- Room organization, ice machine, blanket warmer
- Medications and equipment including resuscitation equipment
- Client information 'board'
- Sleep room, change room, locker, washrooms
- Clean up expectations (room, equipment, restocking), placenta disposal

Guidelines and procedures:

- Interprofessional relationships and services e.g. early pregnancy clinic, LC, pediatric walk in
- Communication and reporting to team leader
- ID badges
- Scrubs, clothing policy
- Infection prevention supplies and procedures
- Safety procedures, needle stick injuries, incident reports etc.
- Emergency codes and procedures, including hospital transfer
- List of consultants and process for consultations and transfer of care
- Computer and paper charting, order entry, admitting, discharge

Clinical Placement

Preceptor model:

- Structure of preceptor team (number of preceptors, caseload, call arrangements)
- Name of coordinating or first contact preceptor
- How student will follow preceptor(s)
- How communication is facilitated and evaluation conducted if more than one preceptor
- Preceptor coverage during off call time

Student placement:

- Client assignments and information
- Student call arrangements
- Regularly scheduled clinic times
- Expectations re participation in non-clinical work of the practice

Designated Placement:

- Discussion of student and preceptor expectations for the DP including:
 - Learning goals specific to the DP
 - Learning plan specific to the DP
 - Limitations of the DP
- Student and preceptor identity in relation to the DP
- Practice make up in relation to the DP
- Population served in relation to the DP

Off call arrangements:

- How student off call days are scheduled
- How protected study time is scheduled
- Student to report tutorial days/times and exam schedule that are off call

Student workload:

- How placement is organized to meet MEP birth number guidelines
- How placement is organized to meet clinical workload policies (20 pre/postnatal visits on average per week and workload of 1.0 FTE midwife)
- Who to contact for assistance to prioritize or troubleshoot workload issues

Course expectations and evaluation:

- Student to share MEP clinical evaluation form with preceptor
- Review how feedback and evaluation will be organized
- Book midterm evaluation meeting (student to coordinate)

Teaching and learning:

- Discuss teaching and learning strategies
- Review student's learning plan and evaluation from previous course
- Develop plan to assist student in fulfilling their learning objectives for the placement

Practice group resources for students:

- Computer access, torsos and dolls, library etc.
- Other local resources for student study/research, e.g. hospital library

4. PLANNING THE PLACEMENT

| Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

Placement Planning

It is the responsibility of the preceptor, the practice group and the student to plan clinical opportunities consistent with the Clinical Workload and Guide to Planning Clinical Experiences/Births sections below. If a practice cannot provide the minimum planned opportunities, the preceptor and student must inform the tutor immediately. Consultation must take place with the tutor if experience is limited to such an extent that evaluation of the student's ability to meet course objectives is jeopardized.

The student's clinical experience must meet the minimum birth number and clinical workload requirements and may not exceed the maximum planned and attended births or visits per week, even when it appears that the clinical experience would be a valuable learning opportunity. A clinical workload that exceeds MEP policies can conflict with the student's academic requirements to successfully complete the clinical course. This may place the student in a less than optimum and potentially unsafe learning environment and may be grounds for appeal. It may also create human rights or liability issues for the preceptor or practice.

Midwife preceptors are expected to provide guidance to students about planning their workload appropriately within the context of the caseload and on call system of the preceptor(s). The goals in planning clinical experience are to facilitate academic and clinical learning, meet program requirements, maintain student safety, encourage appropriate time off call and learning about work/life balance in midwifery. In addition to clinical care, students should plan to attend practice meetings, peer reviews and other professional development activities, e.g. teaching rounds, educational forums, prenatal classes etc. Preceptors should note that the goal of student placements is student learning, which includes taking increasing responsibility for primary care of clients. Ultimate responsibility for both the clinical decisions and the workload of client care rests with the midwife, not the student.

In addition to clinical care, students should plan to attend at least some practice meetings. As part of professional development, the student is expected to participate each month in 2-4 meetings, educational forums, peer review sessions or teaching rounds.

Clinical Workload

Students in each clinical course are to attend an average of 20 (total) prenatal and postnatal appointments per week following clients at all stages of childbearing. This workload needs to be adjusted to the preceptor(s) schedule of call/clinic responsibilities. For example, if the student is doing clinic biweekly, the average number of visits may be approximately 40 one week and none the next. Preceptors and students should note that the 20 visits per week is an average and the number of visits may vary from week to week. The student's overall prenatal and postnatal workload is meant to be equivalent to slightly less than one full time midwife (based on a full time equivalent caseload of 40 primaries/40 seconds). Caseload management should be adapted to this FTE norm, e.g. review of lab results, arranging and following up consultation requests, responding to non-urgent calls.

Guide to Planning Clinical Experiences/Births

Course	Length	Continuity	Observed	Primaries		Seconds			TOTAL Minimum		TOTAL Maximum	
	Weeks in Placement	Planned	Planned	Planned	Minimum Attended	Planned	Minimum Attended	Maximum Attended	TOTAL Planned	TOTAL Attended	TOTAL Planned	TOTAL Attended
Intro to Midwifery			≥ 2									
Normal Childbearing	17	12	2	≥ 14	12	≥ 6	6	12	22	18	32	30
Third Year	18-24	0	No limit	No limit	NA	No limit	NA	NA	NA	*<5	No limit	No limit
Complications & Consultation	12	≥ 7	0	≥ 12	10	≥ 6	4	8	18	14	24	22
Maternal & Newborn Pathology	13	≥ 18	0	≥ 12	10	≥ 6	4	8	18	14	24	22
Clerkship	13		0	≥ 12	10	≥ 8	6	10	20	**16	26	24
TOTAL		≥ 37	4	50	42	26	20	38	78	62-67	106	98

* ≤ 5 primaries supervised by a physician or anyone other than an Ontario midwife for CMO registration

Academic Study Day

For all clinical placements, students will have an off call 24-hour academic day commencing each Thursday at 1700 hours. Students are off call and away from clinical work during this time.

Variations to the Academic Study Day

Variations to the Academic Study Day policy will be considered on a case by case basis and require approval by the tutor. There are two categories for variations to the Academic Study Day – variations open to all students and variations due to anticipated or actual shortfall in birth numbers. More flexibility may be required for students with birth shortfalls.

Variations for all students: The start time of the Academic Study Day may be adjusted for all students in clinical placements to accommodate routine clinic days that are scheduled on Thursdays or Fridays, and/or attendance at an imminent birth on Thursday late afternoon or evening. Students are expected to attend all tutorial classes.

When the start time of the Academic Study Day is adjusted to accommodate routine clinic times on Thursdays after 1700 or Fridays before 1700, the Academic Study Day will remain a 24 hour off call period in most cases, unless an alternate arrangement has been approved by the tutor.

Tutor approval is required *in advance* for variations in the Academic Study Day for routine clinic days. The preceptor must make a written request to the tutor and copy the student. The request must indicate the routine clinic times on Thursdays or Fridays, the proposed start time to the Academic Study Day, whether the clinic time is necessary for the student to meet the standard of 20 prenatal and postnatal visits per week, if the variation request is temporary or ongoing during the placement, and if it is required weekly or on another schedule, e.g. biweekly. The tutor will review the request and inform the student and preceptor if the request is approved or denied.

All students in clinical placements may delay the start of the Academic Study Day to attend an imminent birth on Thursday evening. An imminent birth is defined as a birth that is likely to occur between 1700 and 2359 on Thursday. The student must be off call and leave the clinical setting by 2359 on Thursday at the latest, even if the birth has not yet taken place. The student must report their attendance at the birth and the delayed start time of the Academic Study Day to their tutor prior to the following Friday morning tutorial.

Special considerations for students with projected or actual shortfall in birth numbers: The preceptor or student will identify to the tutor when a shortfall of births is projected early in a placement or if the student is at risk of a shortfall during the placement. The tutor will arrange a meeting with the preceptor and student to discuss strategies to maximize attendance at labours and births.

Strategies to increase planned births may include:

- Increase the number of maximum planned births for the placement
- Assign clients with another preceptor or midwife within the MPG
- Stagger off call days for students to “cover” births for one another

The tutor may also approve temporary or ongoing variations to the Academic Study Day for students with projected or actual birth shortfalls. These variations may include:

- “Soft call” for imminent *primary* births during the Academic Study Day period
- Stagger the start/end time of the Academic Study Day with other students to maximize student attendance at births

The tutor will arrange an ongoing reporting mechanism for these Academic Study Day variations. One tutorial may be missed for variations to the Academic Study Day for students with birth shortfalls.

Additional tutorial absences may be approved in exceptional circumstances by the tutor in advance, e.g. the student is at risk of a placement extension due to insufficient clinical experience.

Time Off Call

Students must have a minimum of four days, including two weekend days, off call from the placement per month for personal time. The student must arrange the specific dates to be off call with the preceptor and practice group. Students in Normal Childbearing will have an additional four days off call, which are normally taken immediately after the midterm exam or in the middle of the placement.

The student is off call for the weekly Academic Study Day, including scheduled tutorials.

The student will be off call and relieved of all clinical duties for 36 hours prior to writing a midterm exam in a clinical course, and 72 hours prior to writing final exams in a clinical course. If the student's normal clinic day falls within the 24 hours prior to the exam, the tutor, student and preceptor should discuss alternatives to ensure the student not only has protected study and off-call time, but continues to conduct the expected number of client visits.

Students who have extended midwifery clinical placements (e.g. clinical accommodation, Provisional Satisfactory grade, placement extension, change in placement location during the term) are allowed the same length of time off call as is planned for regular placements.

If a student moves from one geographic location to another for a clinical placement, they may take up to five days off call to accomplish the move.

Clinical Skills Refresher/Orientation

Clinical skills refresher: When returning from a leave of absence of greater than 6 months, students will be required to meet specific academic and/or clinical requirements which may include a refresher of 4-12 weeks. Ideally, the refresher will be done in the practice where the student is placed after their leave of absence. If this is not possible, an alternate early placement may be arranged.

Orientation requests: A student relocating their placement during Complications & Consultation, Maternal and Newborn Pathology or Clerkship may request an orientation period of up to 4 weeks when relocating to a new practice.

At the determination of Academic Review Committee: Refresher/orientation periods of 2 to 4 weeks may be recommended by the Academic Review Committee in other situations, at its discretion.

For any clinical skills refresher or orientation, the student is required to bring their last clinical evaluation and learning plan from their last clinical placement. In an initial meeting, the preceptor and student will develop a learning plan for the refresher/orientation that is reviewed by the tutor or faculty designated to oversee the placement. The learning plan is developed to bring the student's skills to the level of the course they will be entering. The student is responsible for sending their learning plan for approval by the tutor (or designate). The student is to be given appropriate clinical opportunities so that they are able to function at the same level as other students at that course level when they begin their clinical placement. While there is no formal evaluation for a refresher or orientation period, the student and/or their preceptor must notify the tutor if the student is unlikely to be at the skill level needed to enter the course as soon as possible.

Conflict of Interest

Conflict of interest may be described as ‘any situation in which a person has one or more loyalties or obligations’. Examples of conflict of interest situations include those which may provide students with access to confidential information about a midwifery practice or other students who have been in a practice, or impede the ability of a preceptor or faculty member to provide an unbiased opinion or judgement. There are situations within the MEP in which faculty, students, and preceptors may have a potential conflict of interest. Awareness, appropriate planning, and intervention can prevent problems from developing.

The midwifery community in Ontario is still relatively small. It is important to the MEP that pre-existing relationships do not unduly advantage or disadvantage the admission, teaching or evaluation of a student. Students are strongly encouraged to consider carefully their selection of placements and avoid situations where there is a high likelihood that a previous relationship could compromise an objective and fair teaching and evaluation process. Note that having been in a prior midwifery or third year placement at a practice is in itself not considered a conflict of interest. Midwifery practices are provided an opportunity during the placement process to identify such situations as well. Whenever a student or practice identifies a potential conflict of interest, placement staff will take the information into account in the final allocation of placements. Declaration of conflicts should be considered carefully and are subject to the provisions of the Human Rights Code. In a large practice there may be a midwife or small number of midwives who know the student and declare a conflict, but many others who do not. In this case, only the individual midwives should declare a conflict. The information about potential conflicts of interest is confidential and will not be shared with other students or practices.

It is often not appropriate to continue employment within midwifery practices or related agencies once enrolled in the program. This is particularly the case when clinical placements begin. There are potential conflicts of interest that can arise from employment, especially when it is closely associated with midwifery care, e.g., being a doula or monitrice for labouring women, being a second attendant in a midwifery practice, providing childbirth education classes, working as a maternity nurse. If employment is undertaken, the student must make clear that employment activities are separate and distinct from the clinical activities of a midwifery student and may not represent herself/himself unfairly as a midwifery student, e.g., using their student status in advertising materials, wearing a name tag issued by the university (or affiliated hospital).

5. THE PLACEMENT

| Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

Living Arrangements

During a clinical placement, students are expected to live within a reasonable travel distance to the practice workplace according to the norm of their allocated practice in order to appropriately attend to clinical care and meet course objectives. A common standard for travel time to the midwifery practice is 30 to 40 minutes in regular travel conditions.

Vehicle and License

Students must have access to a vehicle and hold a G2 or G license prior to the first clinical placement course and for all subsequent placement courses.

Cell Phone and Pager

Students must have a cell phone for all placement courses. The MEP will provide pagers to students where practices require them. Students are responsible for the cost of pagers supplied by the MEP.

Identification Badge

Students are required to obtain and wear photo identification during clinical placements. Where a hospital does not issue an ID badge, students will wear their university photo identification.

Equipment

Students are required to have the following equipment before entering Normal Childbearing:

- a. watch that measures seconds
- b. adult stethoscope and sphygmomanometer
- c. fetoscope
- d. measuring tape
- e. thermometer

Prior to Complications & Consultation, students are also required to have an infant weigh scale.

Accommodation for Disability

| Adapted from: TMU Midwifery Education Program Policy & Information Handbook.

Students who need academic accommodation support based on disability should register with Academic Accommodation Support (AAS) as early as possible. Once registered, the student must activate the sending of an accommodation letter via the online system used by AAS to each of their instructors outlining their recommended accommodation(s) for each course. Some students may require clinical, as well as classroom accommodations. AAS also supports students to arrange clinical accommodations. In some cases, arrangements related to a student's accommodation needs may be made by the student's Academic Accommodation Support Facilitator on behalf of the student.

Accommodation of Student Religious, Aboriginal and Spiritual Observance

| Source: TMU Midwifery Education Program Policy & Information Handbook. Last update 16 August 2019.

TMU University is committed to respecting the religious, cultural and spiritual beliefs and practices of all members of the university community. The university's Religious, Aboriginal and Spiritual Observance Policy requires faculty, including preceptors, and staff to accommodate students to the greatest extent possible. TMU recognizes that a student's religious, Aboriginal or spiritual observance may sometimes require an absence from required course activity. This policy provides a mechanism to address these observance requirements as they relate to course requirements.

The TMU website page on Religious and Cultural Observances provides students and faculty with calendars outlining religious and spiritual observances as well as information for students on how to request a religious or cultural observance accommodation. Students and faculty may choose to address observance issues informally, but also have the option of invoking the more formal process.

At the start of each term, students who have religious observance obligations which will lead to absences from campus or academic activities during the semester should determine whether to handle the issue informally or through the formal process. Faculty will accept at face value the sincerity of student's religious beliefs.

If the formal process is selected, the student must download the Student Request for Accommodation of Student Religious, Aboriginal and Spiritual Observance form from the TMU website and complete it. A copy of the form should then be presented to instructors in each of the student's courses within the first two weeks of classes. If the required absence occurs within the first two weeks of classes or the dates are not known well in advance as they are linked to other conditions, this form should be submitted as soon as possible in advance of the required absence. The form will serve as the student's formal request for accommodation.

Once an application has been made, the instructor and the student will consult to reach agreement on a reasonable means to address the situation. When making alternative arrangements like rescheduling an examination or midterm, the instructor must ensure that the academic obligation can be met as expeditiously as possible before the end of the term and is conducted in a suitable environment.

Instructors have until the end of the fourth week of classes to confirm an arrangement that addresses the student request. In cases where a mutually agreed upon accommodation cannot be made, or where the student's request has not been addressed by the deadline, the student may bring the matter to MEP Director within 5 working days after consulting with the professor, and/or no later than the fifth week of classes. If the matter remains unresolved, the student should consult with Human Rights Services.

Compassionate or Medical Leave from Placements

If a student needs a leave of up to two weeks for compassionate, personal or medical reasons, arrangements may be approved by the tutor, including a determination of the need for any make up time taken in consultation with the preceptor. The course coordinator and placement staff should be informed and involved as needed by the tutor and/or Director at the student's site. The tutor should

ensure that the practice is informed about the situation and its implication for the placement. Supporting documentation may be requested.

If the requested leave is to extend beyond two weeks, the tutor should direct the request to the Program Director of the student's university. The Course Coordinator and Placement staff should be informed and involved as needed by the tutor and/or Director. The tutor should ensure that the practice is informed about the situation and its implication for the placement. Supporting documentation may be requested.

Preceptor Supervision

Prenatal Care: The preceptor determines the degree of direct supervision necessary based on the level of the student, and the individual student's skill, knowledge and comfort with clients. The preceptor will review and sign off the chart before a client leaves clinic in order to intervene if needed. For prenatal home visits, a Clerkship student may conduct the visit prior to the arrival of the midwife, but the supervising midwife must review and sign the chart at the client's home on the same day as the visit.

Intrapartum Care: Students are to be accompanied to visits for assessing the presence/status of labour because of the possibility of a precipitous birth. The preceptor and student must make every effort to not have the student placed in a situation of being the only attendant. There should be clear communication about:

- a. time of arrival, e.g. the preceptor's plans for travelling to the client's home so that the student can estimate the preceptor's time of arrival.
- b. change of plans, e.g. the client calls the midwife to say they are going directly to the hospital or that labour has slowed down and it is not necessary for the midwife to come to their home.

The student is not forbidden from entering the client's home without the midwife if they arrive first and choose to go in, however there must be no expectation that the student enters the home or provides care. If the student does enter the home, their actions are as a 'helpful bystander' and not as a supervised student midwife.

Births as Second Midwife: Beginning in Normal Childbearing, students are to be assigned to births as a second midwife to gain increasing competence in this role so that by Maternal and Newborn Pathology they can provide care as one of two midwives at a birth in the hospital setting and by Clerkship in both hospital and out of hospital settings. Where the student is one of two midwives at a birth, a General Registrant midwife must be onsite and take full responsibility for clinical care through labour, birth and the immediate postpartum period.

Student Role after Transfer of Care: The goal of midwifery placements is for the student to be mentored by their midwifery preceptors in all aspects of client care, including after a transfer of care. As a preceptor, the midwife is expected to continue to be a teacher of skills that are within the midwifery scope of practice. If in an exceptional circumstance the preceptor must leave and a plan is made for the student to stay, the preceptor must arrange for appropriate supervision of the student by another qualified health professional. The student may not stay without a formally designated supervisor who

has accepted this responsibility and who understands the student's role. Roles and responsibilities should be clearly documented.

Postpartum Care: Students are to be accompanied by a registered midwife to all home visits except in the following situations:

- a. A student in Complications & Consultation may attend one regularly scheduled postpartum visit without a midwife onsite provided that the visit is not within the first three postpartum days and is not the final discharge visit.
- b. A student in Maternal and Newborn Pathology may attend two of the regularly scheduled postpartum visits without a midwife onsite provided that the visit is not within the first three postpartum days and is not the final discharge visit.
- c. A student in Clerkship may attend three regularly scheduled postpartum visits without a midwife onsite, provided that the visit is not the first visit after the birth, or the final discharge visit.

In the above situations, the preceptor and the student must plan, in advance, what care the student can complete on their own. The preceptor should be available to attend the visit in the event that the student identifies a problem. Preceptors should inform clients that students in Complications & Consultation, Maternal and Newborn Pathology and Clerkship are able to do postpartum visits without a preceptor if circumstances are appropriate. All students who do postpartum visits unaccompanied by a registered midwife must report promptly to the supervising midwife before and after the visits.

Receiving and Responding to Client Calls/Pages: In the second half of the Normal Childbearing placement, preceptors will begin to orient students to taking calls directly from clients. By the end of Normal Childbearing, students should be confident with taking these calls in normal situations. Taking client calls should also be an integral part of the student's role in Complications & Consultation, Maternal and Newborn Pathology and Clerkship. Students at all levels should be in touch with their preceptor immediately after each phone call or page. Students should not be responsible for any emergency situation. For reasons related to both professional liability and effective teaching, each practice group should develop guidelines that clarify the procedure for students taking client calls, clearly defining the roles and responsibilities of student and preceptor. Practice groups should consider the following when creating such practice guidelines:

- a. having an informed choice discussion with clients regarding the student's involvement in receiving and responding to calls and pages.
- b. developing instructions for clients about how and when to contact the student and/or the midwife, including when the client believes the situation is an emergency and how to redirect such calls.
- c. providing supervision and follow up of calls and pages the student receives from clients including which midwife is responsible when the designated preceptor is off call.
- d. instructing the student about how and when to redirect pages or phone messages and to inform clients whom to contact when the student is off call.

- e. arranging 'how and when' the preceptor will keep the student informed of client interaction that occurs directly with the preceptor, e.g. when the student is off call.

Documenting Clinical Experience

Students must document all births attended in the MEP online birth log. This documentation assists with ongoing planning and clinical evaluation and is a permanent record for the student and the Midwifery Education Program. The record of births is reviewed by the tutor and preceptor at midterm and final clinical evaluations. Students must provide a printed copy signed by the preceptor as part of the final evaluation. The student submits the signed report their university site along with the signed clinical evaluation forms at the end of the course.

In the Normal Childbearing course, conducted births may include assisted/guided hands on births. From Complications & Consultation onward, primary care may also include situations where the student is involved in decision making for an intrapartum transfer of care and is present at the birth. Conducted births may be supervised by either a midwife or physician. Births in which the student assists a midwife who conducts the birth and the student is directly responsible for the assessment and stabilization of the newborn are recorded as second midwife. When a student provides initial newborn care at an observed caesarean section, this experience is recorded as an observed birth, not as being the second midwife.

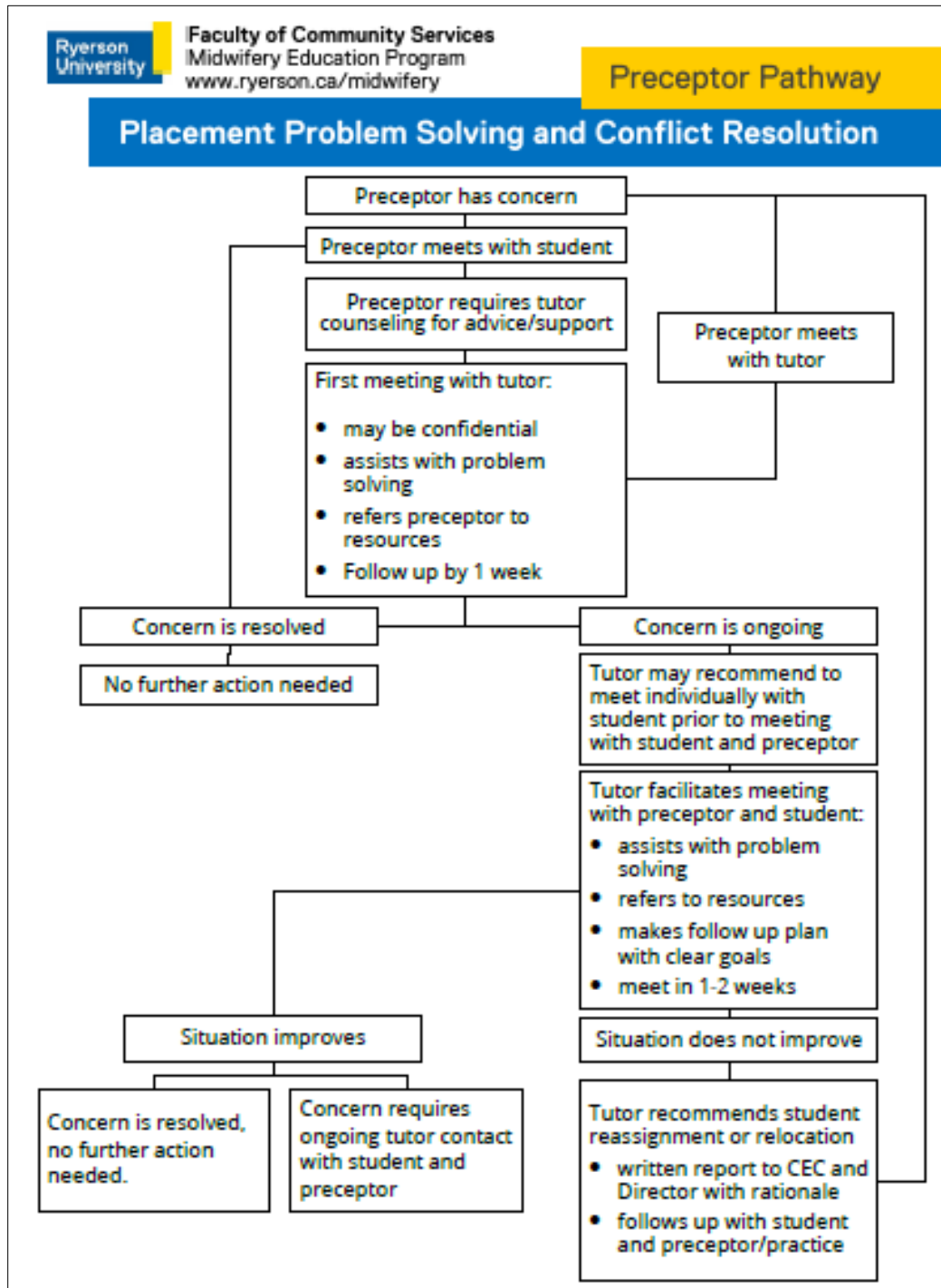
Problem Resolution

Problems in the clinical placement must be identified early by both preceptor and student and addressed using the following steps:

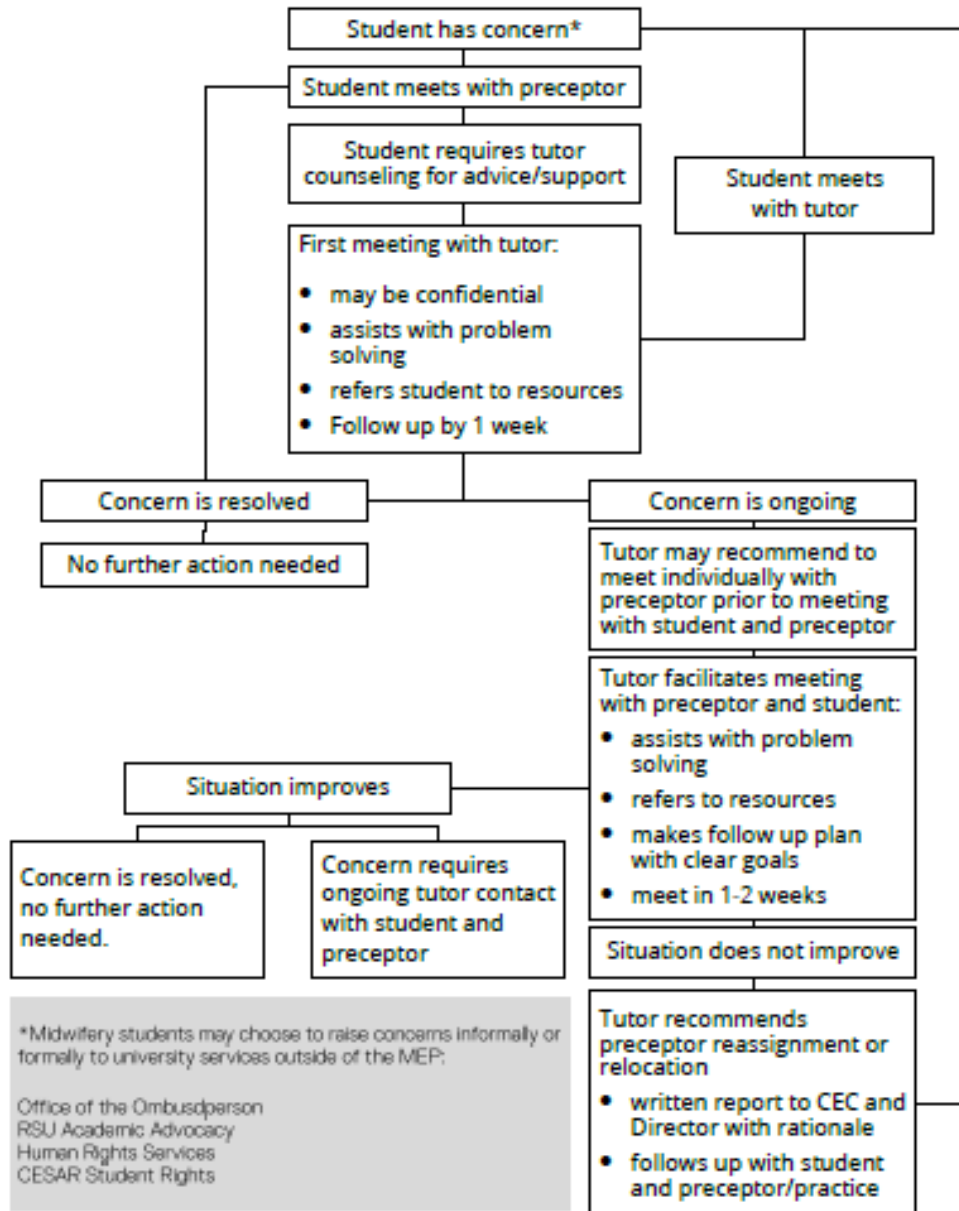
1. Identify the problem.
2. Document the issues.
3. Student and preceptor discuss the problem.
4. Make a plan to resolve if agree, or refer the problem to the tutor if:
 - a. preceptor and student do not agree.
 - b. problem is not resolvable.
 - c. problem is recurring.
 - d. problem is serious, i.e. could affect whether student passes the course, preceptor or student is considering ending the placement, or professional behavior concerns.

Most problems in clinical placements can be effectively resolved between student and preceptor without tutor involvement. Direct discussion with the person involved is a basic principle of effective communication. A student or preceptor may bring a concern to the tutor as an initial step if they need support to address the problem. The tutor will follow up any serious or unresolved issue with the preceptor and/or the student. Although most problems are resolved using these steps, occasionally a change of placement is necessary.

Detailed pathways for problem solving and conflict resolution in clinical placements developed for TMU preceptors, students and tutors appear below:



Placement Problem Solving and Conflict Resolution



6. EVALUATION & GRADING

| Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

Clinical Evaluation

The tutor will meet with the preceptor and student at least twice during the placement. The tutor and preceptor should be available more frequently if needed. At midterm and at end of term, the tutor will review the student's self evaluation and preceptor's written evaluation of the student. The tutor must be satisfied with the adequacy of the supporting information and may request additional written material, if needed. The student will complete a written self-evaluation at midterm and end of term. The preceptor will complete their evaluation of the student separately. Then the student and preceptor will meet to compare written evaluations and note areas of agreement or disagreement with each other's' evaluation. Finally, the tutor, preceptor, and student will meet to review the student's progress and the preceptor's recommended grade. The tutor documents the discussion and the recommendations. The student, the preceptor and the tutor sign and date the final written evaluation. A copy of the preceptor's and the student's final clinical evaluation forms will be placed in the student's file. The procedures outlined below will be followed even in the absence of the student's signature.

The preceptor recommends the grade. The tutor, after review of the documentation, arrives at a decision of the grade to be assigned. A tutor, in consultation with preceptor and student may decide that an extension is needed before a grade is assigned if the minimum standards for clinical experience have not been met.

Assigning a Clinical Grade

The following categories for the midterm clinical grade are available:

- a. **Satisfactory:** student achieves objectives at a B minus level or above.
- b. **Unsatisfactory:** student fails to meet course objectives at a B minus level.

The following categories for the final clinical grade are available:

- a. **Satisfactory:** student achieves objectives at a B minus level or above
- b. **Unsatisfactory:** student fails to meet course objectives at a B minus level
- c. **Incomplete:**
 - i. **Provisional satisfactory:** the student has a deficit relating to one or more of the objectives of the course and the deficit is such that it can be made up within a limited time frame (maximum 4 weeks). Provisional Satisfactory is a temporary grade and results in a remedial process. This grade is assigned as Unsatisfactory or Satisfactory at the end of the remedial placement.
 - ii. **Unable to grade:** student unable to complete the course due to absence, illness, or other (severe) extenuating circumstances. The reasons for the Incomplete grade must be documented in writing and approval obtained from the Program Director for the Incomplete grade assigned.

The procedure for completing the evaluation depends on the grade assigned and whether there is agreement among the parties concerned, as follows:

Satisfactory by Preceptor and Tutor: The preceptor and tutor concur that the information is adequate to substantiate a decision of satisfactory.

Satisfactory by Preceptor but not supported by Tutor: The tutor does not concur that the information is adequate to support a decision of Satisfactory. The tutor will discuss and record the reasons for lack of concurrence, will assign a grade other than Satisfactory, and inform the Course Coordinator of the situation. The Course Coordinator will forward the information to the Academic Review Committee.

Provisional Satisfactory by Preceptor and Tutor: The preceptor and tutor concur about the deficit(s) and that a period of remediation should be undertaken. A written report is prepared by the tutor stating the nature and extent of the deficits and providing recommendations for the remediation period in a draft remedial contract. The tutor submits the draft contract to the Course Coordinator who will forward it to the Academic Review Committee.

Provisional Satisfactory by Preceptor but not supported by Tutor: The tutor will include the reasons for lack of concurrence in their report, will assign a grade of either Satisfactory or Unsatisfactory, and submit the report to the Course Coordinator, who will forward it to the Academic Review Committee.

Unsatisfactory by Preceptor and Tutor: The preceptor and tutor concur that the student has failed to meet the course objectives for the clinical practicum. The tutor will report the breakdown of grades to the Course Coordinator who will forward the report to the Academic Review Committee.

Unsatisfactory by Preceptor but not supported by Tutor: The tutor does not concur with the recommendation of an Unsatisfactory grade, and assigns another grade. The Tutor will include the reasons for their decision in a report submitted it to the Course Coordinator who will forward it to the Academic Review Committee.

Academic Review Committee

The Academic Review Committee will review situations where there is a discrepancy between the preceptor's recommended grade and the grade assigned by the tutor, as well as Unsatisfactory and Provisional Satisfactory grades.

Remedial Placements

In the situation where a grade of Provisional Satisfactory is assigned, the student must complete a remedial placement. A remedial contract is developed by the tutor for review by Academic Review Committee that specifies the nature of the deficit, the learning objectives for the remedial period, the activities to be undertaken, the evaluation methods and criteria for Satisfactory performance. The contract must be signed by the student, tutor and preceptor who will participate in the remedial period. If, at the end of the remedial period, an Unsatisfactory grade is recommended by the tutor, preceptor or both, the Course Coordinator will forward the information to the Academic Review Committee.

Grade Complaint/Grievance

The appeal process published in the university calendar will govern the student appeal of an assigned grade.

8. SAFETY & LIABILITY

| Adapted from: Policy & Information Handbook, Midwifery Education Program. Last update 30 October 2019.

Safe Working Conditions

If the student has been awake non-stop for 24 hours, they must be off call for the following 12 hours for safety reasons.

If the student identifies they are incapable of functioning in a safe and competent manner because of lack of sleep, they must notify the preceptor to discuss what action should be taken.

It is illegal to use a hand-held cell phone or engage in text messaging while driving a vehicle. If either of those activities is necessary while driving, the student is to find a safe place to park before doing so.

The student should be aware of their surroundings while attending clinical appointments and births in the community and take appropriate measures to ensure personal safety. This includes caution re: sitting in a vehicle in a remote or isolated area during the day or night.

Professional Liability Insurance

Registered students are covered for the clinical care that they provide as a student within the MEP under a professional liability policy (malpractice insurance) provided by the university.

Preceptors should note that a goal of student learning is for the student to take increasing responsibility for the primary care of clients. Ultimate responsibility for both the clinical decisions and the workload of client care rests with the midwife, not the student.

Clinical Incident Reporting

Students are required to report any incident in which they are involved and they have reason to believe could later lead to a claim. In order to ensure that coverage is available for a student for any given event, students are advised to report the incident using the Incident Report Form for Clinical Placement form posted on the TMU MEP website and return in within 72 hours to the Program Manager. Incident reports will be sent to Risk Management of student's university with a copy kept in a confidential file at the Program Office. Preceptors are requested to advise the student to fill out a university incident report form whenever the preceptor fills out an incident report form for their own insurance company. The preceptor is also requested to assist the student with how report the incident using a brief, objective and factual description of the event, e.g. 2-day old infant admitted to special care nursery with seizures.

Accident/Injury Reporting

All accidents or injuries incurred by students while on placement, whether at a home, hospital or birth centre birth, in the midwifery clinic, or while travelling to or from a placement-related visit or birth must be reported immediately to the student's university. Seeking medical attention is always the first priority. It is the student's responsibility to know the reporting requirements of the university for a workplace accident or injury. Procedures and forms are posted on the TMU MEP website.

Student Support Following an Adverse Outcome

Being a student in a health care program includes being involved in cases where adverse events occur. Preceptors and course tutors can be valuable resources for students in this situation. Practices are encouraged to involve students in follow up care of clients and review of the case as much as possible. The program encourages students to develop personal support systems and reminds students of the importance of maintaining confidentiality in all discussions of cases. In some situations, students may feel the need for additional support or time off-call. Preceptors can encourage students to meet with the course tutor or faculty advisor as needed. Counselling services are available through student services at the university and may be arranged for students who are off site.

Liability Relating to Student Use of Vehicle

Students must not transport clients in their cars.